



The Governor's Office on Service and Volunteerism
Spotlight

OFFICIAL NOMINATION FORM

I. NOMINEE:

Name: _____

If nominee is an individual, indicate Mr., Ms.;

If nominee is a group, enter full name of group or organization

(Area Code) Phone Number

Complete Address

City

State

Zip Code

Web Address

Email Address

Name of service program

Length of time with program

II. NOMINATOR:

Please tell us about yourself:

Name: _____

Title/Organization

Complete Address

City

State

Zip Code

Email Address

(Area Code) Phone Number

Signature

- III. VERIFICATION: In order to qualify for a *Spotlight* award, we ask that you provide us with two references for your nominee. References should be persons familiar with the community service activities for which the nomination is made and should not include the nominee or any person related to the nominee.

Name: _____
(Area Code) Phone Number

Title and organization, if appropriate _____

Complete Address _____ City _____ State _____ Zip Code _____

Name: _____
(Area Code) Phone Number

Title and organization, if appropriate _____

Complete Address _____ City _____ State _____ Zip Code _____

- IV. DESCRIPTION: Please describe in no more than 500 words your nominee's service and why they are deserving of a *Spotlight* award.
- V. PHOTOGRAPHS: Please provide us with two photographs. The first photograph should be a portrait or clear image of the individual nominee(s) or a group photo of the nominees. The second photograph should be of the nominee(s) performing the service for which they are being nominated. Photographs may also be emailed to spotlight@goserv.ca.gov

Mail this completed nomination and attachments to:
Governor's Office on Service and Volunteerism
ATTN: GO SERV Spotlight
1110 K Street, Suite 210
Sacramento, CA 95814